

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023976

FILED VS JUN 29 1960

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 37

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Pemiscot				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot				
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN Caruthersville		Length of stay in 1b Life		c. CITY OR TOWN Caruthersville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 708 Franklin		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lula Middle M. Last Dowell			4. DATE OF DEATH Month May Day 28 Year 1960					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-10-1897	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months 18	IF UNDER 24 HR Hours 18 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife			10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Pemiscot County, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Moad Welsh			13b. MOTHER'S MAIDEN NAME Sally Knott		14. NAME OF HUSBAND OR WIFE Dead			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 499-20-7489	17. INFORMANT William Dowell Caruthersville, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Infarction Myocardium DUE TO (b) Coronary Occlusion DUE TO (c) Coronary Artery Disease						INTERVAL BETWEEN ONSET AND DEATH Sudden 157		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from _____ to May 26 1960 and saw her alive on May 28 1960 Death occurred at _____ on the date stated above, and to the best of my knowledge from the causes stated.								
22a. SIGNATURE [Signature]				22b. ADDRESS Caruthersville Mo		22c. DATE SIGNED 7/29/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-31-1960	23c. NAME OF CEMETERY OR CREMATORY Little Prairie Cem.		23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri			
24. FUNERAL DIRECTOR LaForge Undertkg. Co. Caruthersville			25. DATE RECD. BY LOCAL REG. 6-21-1960		26. REGISTRAR'S SIGNATURE Jack W Tipton			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JUN 2^d 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Noel C. Sean

Licensed Embalmer No. 3941

P. O. Address Caruth

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.